

# CHIROPRACTIC MANIPULATIVE TREATMENT GROUND RULES

1. **GENERAL:** Chiropractic manipulative treatment is a form of manual treatment applied by a physician to influence joint and neurophysiological function, and may be accomplished by a variety of techniques.
2. **CONCURRENT EVALUATION AND MANAGEMENT SERVICES:** When evaluation and management services have concurrently been provided in association with chiropractic manipulative treatment, it is acceptable to charge for these services only if the patient's condition required a significant separately identifiable evaluation or examination that is beyond the usual preservice and postservice work associated with chiropractic manipulative treatment. **Such additional services, however, shall be reported separately using modifier -25.** Charges for any evaluations and examinations after the initial visit must be documented and included with the bill.
3. **EXTENSION OF OTHER SECTIONS OF THE FEE SCHEDULE:** Since chiropractic manipulative treatment is similar to treatments and services contained within the Physical Medicine and Rehabilitation Section, the Ground Rules applicable to the Physical Medicine and Rehabilitation Section shall be similarly applied.
4. **BODY REGIONS:** Body regions commonly involved in chiropractic manipulative treatment are: cervical region (includes atlanto-occipital joint); thoracic region (includes costo-vertebral and costotransverse joints); lumbar region; sacral region; and pelvic (sacro-iliac joint) region. The five extraspinal regions referred to are: head (including temporomandibular joint, excluding atlanto-occipital) region; lower extremities; upper extremities; rib cage (excluding costotransverse and costovertebral joints) and abdomen.
5. **FAILURE OF PATIENT TO KEEP A SCHEDULED APPOINTMENT:** In the event a patient fails to keep a scheduled appointment, the health care provider is not to bill for any services that would have been provided by said appointment nor shall there be any reimbursement for such scheduled services (i.e., reimbursement for a "no show" appointment is not allowed). This rule does not apply with regard to a deposition, testimony, or IME.
6. **COST CONTAINMENT:** Nothing in this section shall preclude an employer (or insurance carrier) from entering into payment agreements to promote the continuity of care and the reduction of health care costs. Such payment agreements, if less, will supersede the limitation amounts specified herein. Please refer to K.S.A. 44-510i(e) for further clarification, if necessary.

**CONVERSION FACTOR = \$50.75**

# CHIROPRACTIC MANIPULATIVE TREATMENT

(CONVERSION FACTOR = \$50.75)

CODE	UNIT VALUE
98940	0.69
98941	0.97
98942	1.25
98943	0.65